

NOTICE OF INDEPENDENT REVIEW DECISION

July 23, 2002

RE: MDR Tracking #: M2-02-0760-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 41-year-old female bus driver sustained a work-related back and neck injury in a motor vehicle accident on ___. The patient complains of persistent lower back and neck pain radiating into the right shoulder and right hand. She complains of right hand numbness and tingling. The orthopedic surgeon has recommended a L4-5 laminotomy and disectomy and L5-S1 intradiscal electrothermal therapy (IDET).

Requested Service(s)

IDET

Decision

It has been determined that IDET is not medically necessary.

Rationale/Basis for Decision

In this case the medical record documentation presented for review did not provide information that identified the types of conservative therapy that had been initiated and did not identify failed conservative therapy that would warrant the performance of this procedure, for which no data documenting the long-term efficacy is available. IDET has not been proven sufficiently efficacious in order to be offered in situations where the results might be compromised by factors other than pathophysiology. Therefore, it is determined that the IDET is not medically indicated to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,